

Telephone - (480) 312-2400

\$ _____

Liquor Fee

DO NOT SEND CASH

Make Check Payable To: City of Scottsdale

OFFICE USE ONLY

ACCOUNT #: _____

COMMENTS: _____

ORGANIZATION NAME, EVENT LOCATION, BUSINESS TELEPHONE

ORGANIZATION NAME																				Area Code				Business Telephone No.											
STREET NO.				(N,E,S,W)	STREET NAME																														
																												(Event Location Not P.O. Box)							
City																State		ZIP																	

ORGANIZATION MAILING ADDRESS, APPLICANT NAME

P.O. BOX NO. OR STREET NO. (N,E,S,W) STREET NAME																				SUITE/APT. NO.				Area Code			Business Telephone No.	
CITY															STATE					ZIP								
APPLICANT NAME																				DATE OF BIRTH				Area Code		Home Telephone No.		

ORGANIZATIONAL TYPE AND MISCELLANEOUS INFORMATION

1. TYPE OF ORGANIZATION: CHARITABLE ☐ CIVIC ☐ RELIGIOUS ☐ FRATERNAL ☐ POLITICAL PARTY, ☐
(must have regular membership in existence for over 5 years) BALLOT MEASURE, OR CAMPAIGN COMMITTEE
2. ARIZONA INC. DATE: _____ STATE REGISTRATION DATE IF FOREIGN CORP.: _____
3. I.R.S. TAX EXEMPT NUMBER FOR ABOVE ORGANIZATION: _____
4. TELEPHONE NUMBER FOR SITE OWNER: _____

DATE/S AND HOURS OF THE EVENT

	DAY	HOURS FROM A.M./P.M.	TO A.M./P.M.
DAY ONE DATE:			
DAY TWO DATE:			
DAY THREE DATE:			
DAY FOUR DATE:			
DAY FIVE DATE:			
DAY SIX DATE:			
DAY SEVEN DATE:			
DAY EIGHT DATE:			
DAY NINE DATE:			
DAY TEN DATE:			

REQUIRED INFORMATIONHAS APPLICANT HAD A LIQUOR LICENSE REVOKED YES ☐ NO ☐

IF YES, PLEASE GIVE EXPLANATION: _____

HAS APPLICANT EVER BEEN CONVICTED IN ANY JURISDICTION OF A FELONY IN THE PAST 5 YEARS YES ☐ NO ☐

IF YES, YOU MUST PROVIDE SPECIFIC INFORMATION DESCRIBING:

WHO	OFFENCE	WHERE OFFENCE OCCURRED	DATE OF OFFENCE	COURT(S) ENTERED INTO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WHAT IS THE PURPOSE OF THIS EVENT: _____

HOW MANY SPECIAL EVENT LICENSES HAS THE ORGANIZATION APPLIED FOR THIS YEAR, INCLUDING THIS ONE:
(NOT TO EXCEED TEN PER YEAR) _____

WHO WILL RECEIVE THE PROCEEDS FROM THIS EVENT? LIST ALL PEOPLE AND ORGANIZATIONS WHO WILL RECEIVE THE PROCEEDS. ACCOUNT FOR 100% OF THE PROCEEDS.

NAME	ADDRESS	PERCENTAGE
_____	_____	_____
_____	_____	_____

(ATTACH ADDITIONAL SHEET IF NECESSARY)

IS THE ORGANIZATION USING THE SERVICES OF A PROMOTER OR OTHER PERSON TO MANAGE THE EVENT:

YES ☐ NO ☐ IF SO, ATTACH A COPY OF THE AGREEMENT.WHAT SECURITY AND CONTROL MEASURES WILL YOU DO TO PREVENT VIOLATIONS OF STATE LIQUOR LAWS AT THIS EVENT:
(LIST TYPE AND NUMBER OF SECURITY/POLICE PERSONNEL AND TYPE OF FENCING OR CONTROL BARRIERS IF APPLICABLE)

NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.

"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMISES."

IS THERE AN EXISTING LIQUOR LICENSE AT THE LOCATION WHERE THE SPECIAL EVENT IS BEING HELD?

YES ☐ NO ☐ IF YES _____
NAME OF BUSINESS PHONE NO.IF YES, DOES THE EXISTING BUSINESS AGREE TO SUSPEND THEIR LIQUOR LICENSE DURING THE TIME PERIOD, AND IN THE AREA
IN WHICH THE SPECIAL EVENT LICENSE WILL BE IN USE? YES ☐ NO ☐ (ATTACH AGREEMENT)YOUR LICENSED PREMISES IS THAT AREA IN WHICH YOU ARE AUTHORIZED TO SELL, DISPENSE, OR SERVE
SPIRITUOUS LIQUORS UNDER THE PROVISIONS OF YOUR LICENSE. THE FOLLOWING PAGE IS FOR A DIAGRAM
OF YOUR SPECIAL EVENT LICENSED PREMISES. PLEASE SHOW DIMENSIONS, SERVING AREAS, FENCING,
BARRICADES OR OTHER CONTROL MEASURES AND SECURITY POSITIONS.



SPECIAL EVENT LICENSED PREMISES DIAGRAM



SPECIAL EVENT DIAGRAM: (SHOW DIMENSIONS, SERVING AREAS, FENCING & SECURITY POSITIONS)
NOTE: (SHOW NEAREST CROSS STREETS, HWY, OR ROAD IF LOCATION DOESN'T HAVE AN ADDRESS)

I CERTIFY THAT THE INFORMATION AND STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT FURNISHING FALSE INFORMATION, OR TO WITHHOLD INFORMATION ON THIS APPLICATION, IS SUFFICIENT CAUSE TO DENY THE ISSUANCE OF A LICENSE TO ME.

APPLICATION FEES ARE NON-REFUNDABLE AND INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

RETURN ALL COPIES

SIGNATURE OF APPLICANT

FOR POLICE DEPARTMENT USE ONLY

RECOMMENDATION: APPROVED: ☐ DENIED: ☐ DATE: _____

COMMENTS: _____

OFFICER I.D. No.

FOR ZONING DEPARTMENT USE ONLY

RECOMMENDATION: APPROVED: ☐ DENIED: ☐ DATE: _____

COMMENTS: _____

SIGNATURE I.D. No.